Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

I	-	-								
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

Check this box if no longer subject to	STATEMENT O
Section 16. Form 4 or Form 5	
obligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ame and Address of Reporting Person [*]					2. Issuer Name and Ticker or Trading Symbol OneSpan Inc. [OSPN]								tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner					
					3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024								Directo Officer below)	(give title			(specify		
1 MARINA PARK DRIVE UNIT 1410					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
														Form filed by One Reporting Person					
(Street) BOSTON MA 60601														Form filed by More than One Reporting Person					
BOSTON MA 00001					Rule	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tak	ole I - Nor	n-Deriv	ative Se	ecurities Acc	juired,	Dis	posed o	of, oi	r Bene	eficially	y Owned	l					
1. Title of Security (Instr. 3) Date (Month/D					Execution Date,		3. Transaction Code (Instr. 8)					Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following Reported		nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
						Code V Amount (A) or (D)				Price	Transact (Instr. 3	tion(s)			(Instr. 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of 2. 3. Transaction 3A. Deemed 4.						5. Number 6. Date Exercisable and 7. Title and A					Amount	ount 8. Price of 9. Number			10.	11. Nature			

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	\$0.00 ⁽¹⁾	01/09/2024	01/09/2024	Α		12,914		(2)	(2)	Common Stock	12,914	\$0.00 ⁽¹⁾	12,914	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of OSPN common stock.

2. The securities acquired are deferred restricted stock units which will vest on January 9, 2025, subject to the terms and conditions of the award agreement. Once they have vested, the shares underlying these deferred restricted stock units will be delivered to the reporting person on the earlier to occur of the reporting person's cessation of service on the issuer's Board of Directors or a change of control of the issuer.

Remarks:

/s/ Lara Mataac, Attorney in Fact

01/11/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.